

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4414HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2009
NAME OF PROVIDER OR SUPPLIER CARE FIRST HOME CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3175 E. WARM SPRINGS ROAD, SUITE 102 LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p>INITIAL COMMENTS</p> <p>Surveyor: 26251 This Statement of Deficiencies was generated as a result of complaint investigation conducted at your agency on September 24, 2009 in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>Complaint #NV00023046 was substantiated with deficiencies cited. (See Tags #169, #193, #195, and #200).</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	H 00		
H169 SS=D	<p>449.791 Duties of Personnel</p> <p>1. A registered nurse shall:</p> <ul style="list-style-type: none"> (a) Provide nursing guidance and care to patients at home. (b) Evaluate the home for its suitability for the patient's care. (c) Teach the patient and those in the home who nurse him how his care is to be given. (d) Supervise and evaluate the patient's care on a continuing basis. (e) Provide necessary professional nursing care. <p>This Regulation is not met as evidenced by: Surveyor: 26251 Based on record review, policy review and interview, the agency lacked supervisory visits of its home health aide at least every 14 days on a continuing basis between 8/15/09 and 9/24/09 (Patient #1).</p>	H169		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H193 SS=D	449.797 Contents of Clinical Records 10. A record of the termination of services, including the date and reason for termination and the time when the physician was notified of the termination. This Regulation is not met as evidenced by: Surveyor: 26251 Based on record review, policy review and interview, the agency failed to provide documented evidence of a physical therapy discharge summary in July 2009 for Patient #1.	H193		
H195 SS=D	449.800 Medical Orders 2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Surveyor: 26251 Based on record review and interview, the agency failed to ensure a physician signed orders on 8/17/09, and a physician signed two plans of care within twenty working days for Patient #1.	H195		
H200 SS=D	449.800 Medical Orders 8. New orders are required when there is a change in orders, a change of physician or following hospitalization. This Regulation is not met as evidenced by: Surveyor: 26251 Based on record review, policy review and interview, the agency failed to provide documented evidence of an ordered skilled nurse visit for the week of 8/23/09, and twice weekly	H200		

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H200	Continued From page 2 home health aide visits for the week of 9/06/09 for Patient #1.	H200			

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